



IBC SYSTEM ACCESS FORM

Rev. 5/30/2023 Previous Versions Obsolete

USER INFORMATION

Full Legal Name (Including Middle Name) :

Work Phone Number : Duty Location (City & State) :

Official Position Title: Grade: Work E-Mail :

Dept : Bur: Sub Bur: Org Code:

ACCESS TYPE

Action Requested : ☐ Establish New User Access ☐ Change Current User Access ☐ Terminate User Access

Position Type : ☐ Federal ☐ Contractor Access Type: ☐ Permanent ☐ Temporary - NTE Date:

SYSTEM ACCESS REQUEST

USA STAFFING

☐ **USAS** List the Agency/Org Code(s) Range needed for access:

Click on dropdown to select the correct access type:

Access Request Type:

FPPS/WTTS/EOPF

List the Agency/Org Code(s) Range needed for access: Full SSN*: ***required for access**

☐ **FPPS** Current User ID (if applicable) : Access Request Type :

Click on dropdown to select the correct access type:

Authority Requested :

Clarify the justification for access needed (i.e. - "Acting" assignment, temporary promotion, additional commands, Detail NTE, etc.)

Justification/Additional Info :

☐ **WTTS** Access Request Type:

Click on dropdown to select the correct access type:

☐ **eOPF** Access Request Type:

Click on dropdown to select the correct access type:

Supvy (Time limited access for viewing an individual employee folder **ONLY**: Employee Name:

HROD USERS ONLY

Click on dropdown to select the correct access type

☐ **eVerify** Access Request Type:

☐ **eComp** Access Request Type:
(HR Benefits Only)

☐ **GRB** Access Request Type:

SIGNATURE & RULES OF BEHAVIOR

I, the undersigned, understand that use of the Interior Business Center (IBC) Computer Systems and/or Automated Information Resources or access to any information therein, shall be limited to official Government business directly related to my assigned duties. Further, I understand that any use of the aforementioned systems of information that is not official Government business may result in disciplinary action consistent with the nature and scope of such activity. Activity that is considered "not official Government business" includes, but is not limited to, viewing records that are not connected with my official duties and/or accessing/viewing my own employee record without prior authorization or justification from my management chain. I have completed the DOI Federal Information Systems Security Awareness Training and have been provided with and have read the "Rules of Behavior for Interior Business Center Users of Information Technology Resources"; I understand these Rules of Behavior and agree to comply with these Rules. I will report any violation of these rules to my supervisor.

Employee Signature

Requesting Supervisor Signature

AGENCY SPECIFIC APPROVAL (ONRR & OCIO)

Sign below & send form for approval before sending to HR Systems Branch:

OCIO users ONLY: Agency Approval Signature must signed by: Loray Harmon

Send form to: **Loray_Harmon@ios.doi.gov**

ONRR users ONLY: Agency Approval Signature must signed by: Heidi Murphy or John Williams

Send form to: **heidi.murphy@onrr.gov**. OR **john.willams@onrr.gov**

Agency Approval Signature (OCIO/ONRR Approving Officer Only)

FORM SUBMISSION

Once all Required signatures are completed, send the signed form to your **Servicing HR Systems POC** or System Branch Mailbox (IBC_HROD_HR_Systems_Branch@ibc.doi.gov)

Privacy Act Statement: Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to establish your access to the HR System requested. Furnishing your SSN is voluntary and failure to do so will have no effect on you. However, where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to process the request for access.